

Air Inspection / Enforcement Activity Form
CONFIDENTIAL**Inspector's Name:** Steven Clader**Ext:** _____**Lawyer's Name:** NA**1) Facility Information:**

- a) Facility Name: Berkshire Power LLC
- b) AFS # 2504200067
- c) Facility Contact and Title: Frank Basile
- d) Street Address: 36 Moylan Lane City: Agawam State: MA Zip: 01001
- e) SIC Code: 4931

2) Available Law Sections (check all that apply)

- ☒ CAA 110: State Implementation Plan (SIP)
- ☒ CAA Title 5: Operating Permits
- ☐ CAA 111: NSPS
- ☐ CAA Part D: Requirements for Nonattainment Areas : Nonattainment/SIP Provisions
- ☐ CAA 112: NESHAPS/MACT
- ☐ CAA Part C: Prevention of Significant Deterioration (PSD) of Air Quality
- ☐ CAA 608: National Recycling and Emission Reduction Program: Stratospheric Ozone Protection
- ☐ CAA Title IV: Acid Rain
- ☐ CAA 183[e][A]: Federal Ozone Measures : Best Available Controls
- ☐ CAA 183[e][B]: Federal Ozone Measures : Consumer or Commercial Products
- ☐ CAA 183[f]: Federal Ozone Measures: Tank Vessel Standards
- ☐ CAA 211: Regulation of Fuels - Motor Vehicle and Engine Fuels: Mobile Sources
- ☐ CAA 610: Non Essential Products Containing CFCs: Stratospheric Ozone Protection
- ☐ CAA 611: CFC Labeling: Stratospheric Ozone Protection
- ☐ CAA 129: Solid Waste Fuel Combustion: Solid Waste Fuel Combustion
- ☐ CAA 118: Control of Pollution from Federal Facilities

3) Compliance Monitoring Category

- ☐ Alternative Inspections/Monitoring (for OEME work and 114 letters)
- ☒ Comprehensive (for ATU work)
Full Evaluation

4) Compliance Monitoring Activity Name

- | | | |
|---|-------------------------------|---|
| <input checked="" type="checkbox"/> FCE | <input type="checkbox"/> RATA | <input type="checkbox"/> 114 Reporting Requirement (RR) |
| <input type="checkbox"/> PCE | <input type="checkbox"/> CGA | <input type="checkbox"/> 114 Testing Order (TO) |
| <input type="checkbox"/> Source Test | <input type="checkbox"/> LDAR | <input type="checkbox"/> 114 TO and RR |

5) Compliance Monitoring Action / Enforcement Action

Action Type (Choose action type from yellow dropdown boxes. If the action has a \$ as the first character indicate the penalty amount.)	Air Program Codes (Check the boxes for the air program codes that <u>apply to this action</u> and to which you are <u>sure</u> the facility is subject. For MACT, NSPS, and/or NEHSAP, indicate the specific subpart)	Actual Date	Stack Tests Only (Indicate the pollutant)
Full Compliance Eval (FE) \$_____	<input checked="" type="checkbox"/> SIP(0), <input checked="" type="checkbox"/> Title V(V), <input type="checkbox"/> NSR(7), <input type="checkbox"/> PSD(6), <input type="checkbox"/> NSPS(9), Part 60, Subpart _____ , <input type="checkbox"/> MACT(M), Part 63, Subpart _____ , <input type="checkbox"/> NESHAPS(8), Part 61, Subpart _____ , <input type="checkbox"/> CFC(4), <input type="checkbox"/> Acid Rain(A), <input type="checkbox"/> FESOP(F)	<u>8/28/08</u>	Pollutant: _____
\$_____	<input type="checkbox"/> SIP(0), <input type="checkbox"/> Title V(V), <input type="checkbox"/> NSR(7), <input type="checkbox"/> PSD(6), <input type="checkbox"/> NSPS(9), Part 60, Subpart _____ , <input type="checkbox"/> MACT(M), Part 63, Subpart _____ , <input type="checkbox"/> NESHAPS(8), Part 61, Subpart _____ , <input type="checkbox"/> CFC(4), <input type="checkbox"/> Acid Rain(A), <input type="checkbox"/> FESOP(F)	_____	Pollutant: _____
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6) MACT – Not Subject

- a) If you targeted this facility because you thought it was subject to a MACT standard, was the facility subject to this MACT standard? ☐ Yes ☐ No
- b) If no, list the subpart that the facility **NOT** subject to: _____

7) Compliance Monitoring Action Reason

- ☒ Core Program (Title V, SM80, SM, CFC)
☐ Agency Priority (Air Toxics—LDAR, Air Toxics—Flares, Air Toxics—Surface Coating, NSR/PSD—Coal-Fired Power Plants, NSR/PSD—Cement, NSR/PSD—Glass Manufacturing, NSR/PSD—Other NSR non-priority, Diesel Idling, Health Care, Tribal)
☐ Selected Monitoring Action (for OEME work)
☐ Citizen Complaint/Tip

8) Deficiencies

- a) Did you observe deficiencies during the on-site inspection? Yes ☒ No ☐

If yes, what deficiencies did you observe? (Check all that apply to this action)

Potential excess emission in violation of regulations	<input type="checkbox"/>
Potential failure to complete/submit a notification, report, certification or manifest	<input type="checkbox"/>
Potential failure to follow permit conditions	<input checked="" type="checkbox"/>
Potential failure to follow a required monitoring procedure or laboratory procedure	<input type="checkbox"/>
Potential failure to follow or develop a required management practice or procedure	<input type="checkbox"/>
Potential failure to identify and manage a regulated waste or pollutant in any media	<input type="checkbox"/>
Potential failure to maintain a record or disclose a document	<input type="checkbox"/>
Potential failure to maintain/inspect/repair meters, sensors, or recording equipment	<input type="checkbox"/>
Potential failure to obtain a permit, product approval, or certification	<input type="checkbox"/>
Potential failure to report regulated events such as spills, accidents, etc.	<input type="checkbox"/>
Potential incorrect use of material (pesticide, waste, product) or use of unapproved material	<input type="checkbox"/>
Potential violation of a compliance schedule in an enforceable order	<input type="checkbox"/>

- b) If you observed deficiencies, did you communicate the deficiencies to the facility during the inspection?

☒ Yes ☐ No

- c) If you observed deficiencies and communicated the deficiencies to the facility, did you observe the facility take any actions during the inspection to address the deficiencies noted?

☒ Yes ☐ No

If yes, what actions did the facility take? (Check all that apply to this action)

Correct(ed) Record Keeping Deficiencies	<input checked="" type="checkbox"/>
Correct(ed) Monitoring Deficiencies	<input type="checkbox"/>
Complete(d) a Notification or Report	<input type="checkbox"/>
Requested a permit application or applied for a permit	<input type="checkbox"/>

Verified Compliance with Previously Issued Enforcement Action - Part or All Conditions	<input type="checkbox"/>
Implemented New or Improved Management Practices or Procedures	<input type="checkbox"/>
Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage)	<input type="checkbox"/>
Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc.)	<input type="checkbox"/>

9) Air Pollutants (indicate if any of the following pollutants apply to this action)

☒ Nitrogen Oxides (NO₂), ☒ Particulate Matter (PT), ☒ Sulfur Dioxide (SO₂), ☐ Volatile Organic Compounds (VOC), ☒ Carbon Monoxide (CO), ☐ Chlorofluorocarbons (CFC), ☐ Hazardous Air Pollutants (THAP), ☐ Other, ☐ Recordkeeping or Reporting, NON-Emissions Violation (Facil)

10) Compliance Assistance

a) Did you provide general compliance assistance?

☒ Yes ☐ No

b) Did you provide site-specific compliance assistance?

☒ Yes ☐ No

11) Source Type

☒ Major
☐ SM-80
☐ SM
☐ True Minor

12) Priorities (check all that apply)National Priority

☐ Tribal, ☐ Air Toxics—LDAR, ☐ Air Toxics—Flares, ☐ Air Toxics—Surface Coating,
☐ NSR/PSD—Coal-Fired Power Plants, ☐ NSR/PSD—Cement, ☐ NSR/PSD—Glass Manufacturing,
☐ NSR/PSD—Other NSR non-priority

Regional Priority

☐ Diesel Idling, ☐ Health Care, ☐ Tribal, ☐ New Business in Old Mills, ☐ Sand and Gravel

13) High Priority Violators

a) Based on this action, do you think the facility is an HPV? ☐ Yes ☒ No

b) If yes, please fill out the HPV checklist.

14) Comments / Optional Additional Information:

Power plant that burns natural gas in a turbine